

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE
AT Chattanooga

Jim "James" Hunter)

D.O.B. xx-xx-1963)

SS # XXX-XX-9386)

Name of plaintiff (s))

v.)

Erlander Hospital-)
medical Center)

Name of defendant (s))

HSM/SKL

Case No. 1:17-cv-164
(to be assigned by Clerk)

FILED

JUN 14 2017

Clerk, U. S. District Court
Eastern District of Tennessee
At Chattanooga

COMPLAINT

1. A short and plain statement of the grounds for filing this case in federal court (include federal statutes and/or U.S. Constitutional provisions, if you know them):

Funding & Subsidized(?) with money
from The United States Government, and
serving The General Public of This nation

2. Plaintiff, Jim Hunter resides at

P.O. Box 23148

street address

Chattanooga

city

Hamilton, TN, 37421

county

state

zip code

telephone number

(7609 Standifer
Camp Road
37412)

(if more than one plaintiff, provide the same information for each plaintiff below)

3. Defendant, Erlanger Hospital lives at, or its business is located at
975 E. 3rd. Street, Chattanooga,
street address
Hamilton, TN, 37404.
county state zip code

(if more than one defendant, provide the same information for each defendant below)

4. Short and plain statement of your claim (state as briefly as possible the facts of your case and how each defendant is involved. You may use additional paper if necessary):

On 4-20-17, as a pedestrian accidentally
hit by a truck, Emergency Medical (ambulance)
Transport to Erlanger hospital, subsequent
bones fractured & other various injuries,
Two Followup to Erlanger, no casting,
no surgery, no hands-on examination,
being a apprehended prisoner from the
scene of the accident, medical personell
showed deliberate indifference & neglect of
medical duty & obligation resulting in a
worsening Right-Leg swelling & numbness,
discoloration, all getting worser by the days.

5. A demand for judgment for the relief you seek (list what you want the Court to do):

- a. Order Copies of plaintiff medical
Record as proof of facts presented,
- b. Order Plaintiff's Custodian (incarcerated)
CCA/core Civic - Silverdale medical Treatment.
- c. Have Defendant pay all ~~addition~~
additional medical + Legal fees.
- d. Award Plaintiff (\$250,000.00) if my Leg
is saved, Ten million (\$10,000,000.00) if Leg is lost.

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of my (our) information, knowledge and belief.

Signed this 8TH day of June, 20 17.

Jim ("James") Hunter

PO. 23148

Chatt., TN 37421

Jim Hunter

Signature of plaintiff (s)